

Immediate

Action\_\_\_\_\_

Food Stamp Program Claims Review Checklist  
Program Integrity

Case Name: \_\_\_\_\_ Worker: \_\_\_\_\_ FSIS No. \_\_\_\_\_  
County\_\_\_\_\_ AE \_\_\_\_\_ IHE\_\_\_\_\_ IPV\_\_\_\_\_ Reviewer\_\_\_\_\_ Date \_\_\_\_\_

√ = Correct

X = Incorrect  
√ X N

N = Not Applicable  
COMMENTS

1.	Was the claim appropriate?		
2.	Was the referral for investigation submitted timely by the source?		
3.	Was the period of overissuance correct? (10-10-10, 10 <sup>th</sup> of the month following month of change rule vs. false statement)		
4.	Was the DSS-1682 completed in full and correctly?		
5.	Was the reason for the overissuance and the reason for the category assigned to the claim thoroughly documented?		
6.	Were verifications complete?		
7.	Was participation checked?		

